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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-10)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
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HEADLINE: Medevacs Resolve Crises During Exercise Strong Resolve
ABOARD USS BAINBRIDGE (NSMN) -- The phrase "emergency at sea" can send chills and dread through those involved. During Exercise Strong Resolve '95, a NATO exercise currently being held off the Norwegian coast, LT Scott Lemek, MC, general medical officer for USS Bainbridge (CGN 25), had to deal with not one emergency at sea, but two -- medical emergencies.

During the ship's trans-Atlantic passage, a Sailor aboard the guided missile cruiser, homeported in Norfolk, VA, developed "increasing right lower quadrant pain," suggestive of appendicitis. Lemek consulted with CDR Tom McGue, MC, CATF Surgeon on board USS Wasp (LHD 1), and LT Mitchell Stashower, MC, GMO on board the amphibious command and control ship USS Mount Whitney (LCC 20). The three decided that the patient required emergency surgery.

Wasp, the world's largest amphibious assault ship, has operating capabilities -- it has six operating rooms, as a matter of fact -- but it was 500 miles away from Bainbridge. A medevac to the nearest shore facility was needed -- to Lajes, Azores, some 400 miles away.

Bainbridge rang up 27 knots and left the task group with which she was steaming. USS Deyo (DD 989) kept Bainbridge

company. Once within maximum helo range, Deyo's SH-60B helicopter transported the patient to the facility at Lajes, where surgery was immediately performed to remove the Sailor's ruptured appendix. The patient recovered, but missed the exercise. Bainbridge had continued on to Norway, and the patient returned to the states rather than the ship.

Once in position off the Norwegian Coast, another emergency aboard Bainbridge was discovered by Lemek. He identified a Sailor with fever, abdominal pain and leukocytosis. Based on the patient's increasing symptoms, Lemek medevaced the patient to a Norwegian medical facility for further evaluation. Royal Fleet Auxiliary Fort Victoria sent "Shark 41," an SH-3, to transport the patient from Bainbridge to Trondheim Regional Hospital in Norway. The Sailor was subsequently transferred to Landstuhl Army Hospital for further treatment.

Story by CAPT Bruce K. Bohnker, MC, Second Fleet Surgeon

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HEADLINE: Fleet Hospital Five Sailors Return from Croatia

FLEET HOSPITAL FIVE (NSMN) -- After six months of duty with the United Nations' peacekeeping forces in Zagreb, Croatia, Fleet Hospital Five personnel -- more than 250 Sailors from 20 commands across the country -- came home last month, arriving in the states 16 and 17 February.

While in Zagreb, the unit, commanded by CAPT Gregg Parker, MC, of Naval Medical Center Portsmouth, VA, operated a 60-bed hospital at Camp Pleso in support of the ongoing U.N. peacekeeping mission. The hospital provided intensive and specialty care as well as basic primary care services for the United Nations Protection Force -- 40,000 people from more than 40 countries.

Personnel from Fleet Hospital Five, who were relieved 15 February by the West Coast-based Air Force 60th Medical Group, had relieved personnel from the Navy's San Diego-based Fleet Hospital Six on 29 August 1994.

RADM Bill McDaniel, MC, commander, NMC Portsmouth, commended the Fleet Hospital Five staff on their professional handling of a difficult assignment. "The casualty rates of the Croatians were high," said the admiral, "but you don't go into a war zone without expecting some hazards. The unit dealt with it well and represented the Navy very well."

According to Parker, half of the treated casualties were community illnesses while the other half were war-related injuries such as mine blasts, gunshot wounds and traffic and industrial accidents.

"We took care of 10,000 patients, admitted 350 and operated on 250," said Parker. "The challenge was trying to communicate to soldiers from 44 different countries. There were wounded troops from Russia, Czechoslovakia, the Ukraine and Bangladesh -- but none of them spoke English. We communicated through facial expressions, motions, and with a few words picked up here and there. If all else failed, we could always rely on veterinarian-style methods."

Whatever the technique, it worked. "Our worst case scenario

involved a man with a gunshot wound through the heart," reported LCDR Catherine Suttle, NC, USNR, in a letter from Zagreb. Suttle, one of 13 Reservists with Fleet Hospital Five, said this patient's care "maximized" the hospital's "resources/personnel for 10 days. It was the ultimate test of the system." The system passed, because the patient "was successfully resuscitated and walked out of here with an 'intact brain,'" Suttle reported. "It was truly a miracle."

Personnel from more than 20 commands made up Fleet Hospital Five, including Naval Hospitals Guantanamo Bay, Cuba; Groton, CT, Millington, TN; Orlando, Pensacola and Jacksonville, FL; Charlestown and Beaufort, SC; Bethesda, MD; Patuxent River, MD; Newport, RI; and Great Lakes, IL; and Naval Medical Clinics Philadelphia; Annapolis, MD; Brunswick, ME; and Portsmouth, NH. Fleet Hospital Five's staff included a contingent of 75 active duty and Reserve personnel from NMC Portsmouth, a Seabee contingent and a Marine Security detachment.

Naval Hospital Corpus Christi, TX, was one of the commands with people deployed in support of Operation Provide Promise in Croatia. On Friday, 17 February, they welcomed home three corpsmen and a boatswain's mate from Zagreb -- HM1 Miguel Briseno, HM3 William Gaskins, BM2 Todd Hastings and HM3 Albert Wood. Then on Saturday, 18 February, friends and family gathered at the airport again to greet HN Julie Owens, who returned home after a six-month deployment to Guantanamo Bay to assist with providing medical treatment to Haitian refugees. Story consolidated from reports by The Flagship, 22 February, the Navy Wire Service, 17 February 1995, and Naval Hospital Corpus Christi

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HEADLINE: Hospital Hosts 'Black History Jeopardy Challenge'

NAVHOSP Pensacola, FL (NSMN) -- In celebration of Black History Month, Naval Hospital Pensacola's Partnership in Education initiative hosted its second annual Black History Month Jeopardy Challenge between two local middle schools.

The naval hospital's partner in education, Bellview Middle School, withheld a strong challenge from neighboring Warrington Middle School, to win by the narrowest of margins -- 205 - 195.

The event consisted of five-person teams from each school vying for Black History Month "bragging rights," said HM2 Tracy Griffin, citizenship chair of the hospital's Personal Excellence Partnership Program. The teams were spurred on by about 40 classmates from each school.

"Our Black History Jeopardy Challenge has been very successful," said Griffin. "It was really encouraging to see how enthusiastic everyone was about this year's challenge," he said. "There was a myriad of differing cultures and backgrounds taking part in our event, which only goes to show you that our diversity is one of the things that make this country great."

The Black History Month Jeopardy Challenge consisted of three rounds of 25 questions each. All questions were Black History related. Ms. Kathy Floyd of the Hospital's Outpatient Administration Department was the mistress of ceremonies.

Internal support for Naval Hospital Pensacola's Black History Month Jeopardy Challenge was provided by the Chief Petty Officer's Association, First Class Petty Officer's Association, Management Information Department, Staff Education and Training Department, and the Federal Women's Program.

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HEADLINE: TRICARE Region 1 Lead Agent CLARIFICATION

TRICARE Region 1, Washington (NSMN) -- A special Naval Service Medical News, issued 2 March, focused on TRICARE and listed each region's lead agent. Although it was noted that Region 1 responsibility rotates among the services, it added to the misperception that each service in turn assumes full lead agent responsibilities.

The lead agent for TRICARE Region 1, Northeast, is actually a board consisting of tri-service commanders from the National Capital area. There is an annual rotation of the chair of this board, but the chair is not the lead agent. The lead agent policy is functionally carried out in Region 1 through a tri-service board consisting of the commanders of Walter Reed Army Medical Center, National Naval Medical Center, and Malcolm Grow USAF Medical Center.

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

March Meetings:

-- 10 March, American Hospital Association Regional Seminar, Philadelphia, Real Solutions for Managed Care, (312) 422-3000.

-- 11-16 March, National Disaster Medical System (NDMS) Conference, "Delivering Health and Medical Services in Catastrophic Disasters," Nashville, TN, (205) 731-1812, ext 302.

-- 13 March, American Hospital Association Regional Seminar, Jacksonville, FL, Real Solutions for Managed Care, (312) 422-3000.

-- 15-17 March, 96th Annual Meeting, American Society for Clinical Pharmacology & Therapeutics, San Diego, (610) 825-3838.

-- 16-19 March, 76th Annual Scientific Session, American College of Physicians, Atlanta, 1-800-523-1546, x2541.

-- 16-17 March, American Hospital Association's Health Technology Assessment Group, Tampa, FL, New Realities for Radiology, (312) 422-3000.

-- 18-22 March, 30th Annual Meeting and Educational Conference of the American Hospital Association, Philadelphia, "Social Work Shapes Reform: Rediscovering ... Roots," (312) 422-3000.

-- 18-22 March, American Pharmaceutical Association, Orlando, FL.

-- 19-23 March, 44th Annual Scientific Session, American College of Cardiology, New Orleans, (301) 897-5400.

-- 19-24 March, Shea-Arentzen Nursing Symposium 1995,

"Navigating New Frontiers of Nursing Practice: The Challenges of Health Care Reform," La Jolla, CA. For additional information, contact CDR Jan Kellogg, (619) 532-0667, or CDR Chris Laurent, (619) 545-4263 (DSN prefix for both numbers is 522-).

-- 20-22 March, Fourth Annual Advanced Training Seminar in Hyperbaric Medicine, sponsored by Richland Memorial Hospital and the University of South Carolina School of Medicine, Columbia, SC, (803) 434-7101.

-- 21-25 March, 21st Annual Meeting and Scientific Symposium of the American Academy of Orthotists and Prosthetists, "Directing Our Future -- The Next Step," New Orleans, (703) 836-7118.

-- 29-31 March, 14th Annual Healthcare Leadership Program, American Hospital Association, Phoenix, AZ, (312) 422-3000.

-- 29-31 March, 16th Annual Institute on Medicare and Medicaid Payment Issues, American Hospital Association, Baltimore, (312) 422-3000.

-- 30 March, 1330-1600, Second Annual Bereavement Video-Teleconference, "Living With Grief: Children Mourning, Mourning Children," Hospice Foundation of America, (202) 638-5419.

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HEADLINE: Video-Teleconference on Children's Grief

HFA Washington (NSMN) -- Military health care facilities, family service centers and chaplains have been invited to join more than a thousand community-based organizations and 70,000 individuals across the United States and Canada participating in a live-via-satellite video teleconference 30 March on grief and bereavement issues involving children.

On 30 March, 1330-1600 (ET), the Hospice Foundation of America, in cooperation with the Association of Death Education and Counseling, will sponsor its Second Annual Bereavement Teleconference -- "Living with Grief: Children Mourning, Mourning Children." Originating from Washington, DC, this year's national teleconference will again be moderated by Cokie Roberts of ABC News and will feature a distinguished panel of experts on issues of child grief and bereavement.

Part of the Hospice Foundation's "Military Outreach Program" begun last year, this professional development program is especially designed for nurses, doctors, clergy, hospice workers, psychologists, social workers, students in health and social work fields, and other caregivers and educators interested in grief and bereavement issues. It is being provided free of charge by the Hospice Foundation.

"The purpose of this event," said Jack Gordon, president of the Hospice Foundation of America, "is to assist professional caregivers, educators and families in dealing with both the death of a child and the grief children experience when losing a loved one. We want to help caregivers more fully understand the factors involved in these difficult situations so that they may effectively respond to survivors in need." Last year's national teleconference served more than 40,000 participants at more than 900 downlink sites.

This year, through telephone call-ins, participants will

again have an opportunity to exchange comments and questions with a distinguished panel of bereavement educators: Dr. Ronald K. Barrett, associate professor of psychology at Loyola Marymount University; Dr. Catherine M. Sanders, psychologist and director, Center for the Study of Separation and Loss; Dr. Charles Corr, professor, School of Humanities, Southern Illinois University; and Rabbi Earl A. Grollman, a noted author and lecturer on children's grief. Also on the program is Paul Alexander, composer and performer of songs about bereavement and a clinical social worker at St. Mary's Hospital for Children.

The Hospice Foundation of America is a nonprofit organization dedicated to providing leadership in the development and application of hospice and its philosophy of care for terminally ill people through education, research and philanthropic programs.

The teleconference is being produced by Eisenberg Associates, a Washington, DC, educational consulting firm.

For more information about "Living with Grief: Children Mourning, Mourning Children," call Eisenberg Associates at (202) 393-2208 or the Hospice Foundation at (202) 638-5419.

SUBHEAD: How You Can Participate

Both individuals and organizations are invited to participate in this video-teleconference. Organizations can register to be a host downlink site for their community if they have access to a satellite dish, or by making satellite arrangements with a neighboring community college, hospital, public television station, school, cable television company or other local institution that has a satellite dish. Call (202) 393-2208 to register as a downlink site.

Individuals can attend the teleconference by simply going to a downlink site. Call (202) 393-2208 to find a teleconference downlink site in your area.

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HEADLINE: Navy Officers Honored by the AHA

AHA Chicago (NSMN) -- The American Hospital Association annually recognizes two federal health care executives who have made a tremendous and lasting impact on health care delivery. This year, the award presentation at the Federal Luncheon in Chicago on 6 March honored two Navy officers -- CDR Daniel J. Snyder, MSC, head, Strategic Planning and Programming, Office of the Surgeon General at the Pentagon, and Deputy Surgeon General of the Navy RADM Harold M. Koenig, MC.

Snyder received the Federal Health Care Executive Special Achievement Award. This award, created in 1987 by the AHA, recognizes a federal career health care executive (O-5 and below or GS-14 and below) who has distinguished himself through singularly significant achievements that have contributed substantially to the vision of the federal health care system. Snyder was selected for this award "in recognition of his leadership and analytical qualities which were responsible for the sustainment of Navy Medical Department billet endstrength requirements and viability of its wartime and operational

mission. ... Over \$235 million in cost avoidances in the Fiscal Year-96 budget can be traced to CDR Snyder's study and recommendations concerning reprogramming of limited assets department wide," said the citation, presented "on behalf of the Federal Hospitals Constituency Section Governing Council of the American Hospital Association." The citation also noted that Snyder "has been selected as the first naval officer below the rank of admiral to hold the office of Regent for the Navy in the American College of Healthcare Executives."

Koenig was awarded the Federal Health Care Executive Award for Excellence, which recognizes a senior federal health care executive (O-6 and above; GS-15 and above) who has distinguished himself through singularly significant leadership or innovative achievements that have contributed substantially to the vision of the federal health care system. Koenig was selected for his "demonstrated unique vision in health policy as he guided development of managed care initiatives with the Department of Defense" as deputy assistant secretary of Defense (Health Affairs) for Health Services Operations. The citation also noted that Koenig's "enlightened leadership helped define lead agent responsibilities, beneficiary enrollment incentives, and criteria for specialty treatment facilities."

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4. Events, anniversaries and observances 12-23 March:

12-18 March: National Older Workers Employment Week
14 March: E-6 Advancement Exams
16 March: Purim
17 March: Saint Patrick's Day
19-25 March: Children and Hospitals Week -- "Commitment to Caring" (301/654-6549)
19-25 March: Poison Prevention Week -- "Everything at Grandma's Isn't Candy"
20 March, 2114 (EST): Spring Equinox
23 March 1775: Patrick Henry utters famous "I know not what course others may take, but as for me, give me liberty or give me death" in Richmond, VA.

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HEADLINE: Dietician Focuses on National Nutrition Month

USNH Yokosuka, Japan (NSMN) -- Each "subhead" below is an article focusing on some aspect of nutrition to highlight National Nutrition Month, which is March. They were written by LT L. Beilman Cadle, MSC, whose byline should run with the articles. Cadle is a registered dietician stationed at U.S. Naval Hospital Yokosuka.

SUBHEAD: How Do You Rate Your Eating Habits?

USNH Yokosuka, Japan (NSMN) -- National Nutrition Month is a good time to reassess your eating habits. Whether you rate your eating habits as poor or good -- a "1" or a "10" -- there is usually room for improvement. To build a foundation, arm yourself with basic food and nutrition facts.

First, there are no good or bad foods. There are only bad

eating habits. The good versus bad food argument is a trap. It forces you to focus on individual foods rather than on your overall diet. The truth is, all foods can be included in a healthy diet in moderate amounts, so you don't have to sacrifice your favorites. Eating right means having a wide variety of foods in moderation every day.

If you love ice cream, you have several choices: eat the full-fat version for dessert and make sure you compensate with other lower-fat food choices during the day or try a smaller serving size. You might even try one of the new reduced-fat or fat-free frozen desserts. That's a lot easier than eliminating ice cream altogether. It will help prevent binge eating and be something you can live with the rest of your life.

What's most important so that you can reap big dividends is eating a wide variety of foods in moderation. Make small changes in portion sizes and give more careful thought to what you eat over the course of a day or several days.

SUBHEAD: Learn the Facts about Fat

Much has been written about the dangers of eating a diet high in fat and cholesterol. Frightening and often misleading headlines have led many to believe that drastic changes in their diets are necessary. There is no need to stop eating your favorite foods and exist solely on bran and broccoli.

Here are the facts.

FAT FACTS: Fat is found in meat, fish, poultry, eggs, nuts, whole-fat dairy products and vegetable oils. Fat is a naturally occurring substance and necessary for human life. Too little fat in your diet can be as undesirable as too much fat.

All fats contain twice as many calories as equal amounts of protein or carbohydrates, about nine calories per gram or 120 calories per tablespoon.

Fats are made up of substances called fatty acids. Much has been learned in the past 15 years about how different fatty acids affect your overall body chemistry. The most significant finding is that eating foods high in saturated fatty acids raises blood cholesterol levels. While saturated fat is the major culprit, current research indicates that too much of any type of fat in the diet can raise the amount of cholesterol in your blood.

NOTE: All fats are high in calories, which contribute to excess weight. Being overweight is in itself a risk factor for heart disease.

SATURATED FATS: Saturated fats are found primarily in meats and whole-fat dairy products. There are also some vegetable sources of saturated fats. They include palm, coconut and palm kernel oils.

POLYUNSATURATED FATS: This type of fat comes primarily from vegetable sources like corn, safflower, soybean and cotton seed oils.

MONOUNSATURATED FATS: These are found in large amounts in plant oils such as olive oil, canola oil and peanut oil.

CHOLESTEROL FACTS: Cholesterol is not fat -- fat is not cholesterol -- plants do not contain cholesterol. Cholesterol is a substance produced by the liver and found naturally in animals,

including humans. Cholesterol found in food is called dietary cholesterol. Dietary cholesterol comes from animal sources, including whole-milk dairy products, egg yolks, meats, poultry and seafood.

SUBHEAD: Body Building Supplements -- False Promises

Flip through any body-building magazine and you'll find numerous advertisements claiming enormous muscle-building benefits can be achieved by taking various protein and amino-acid powders and supplements.

Research has shown that muscle growth can be encouraged through the consumption of a high-carbohydrate, moderate-protein diet. Eating a carbohydrate-protein ratio of 75 percent carbohydrates and 25 percent protein after weight training exercise creates a hormonal climate favorable for muscle growth, specifically triggering insulin, growth hormone, testosterone, and insulin-like growth factor.

Individuals involved in weight training activities who desire a larger muscle mass would benefit more by eating a high-carbohydrate, moderate-protein diet and less protein and amino-acid powders so commonly used among these athletes. While common food items such as a potato may not be as attractive as a bottle of promise surrounded by slick advertising, the ingredients in the potato are guaranteed and safe. There is no guarantee of the quality, safety or efficacy of dietary supplements and health food store products. Buying the potato may add some weight to the wallet as well.

SUBHEAD: Healthy Weight Management

National Nutrition Month would not be complete without a mention about exercise. Eating right and exercising are the ideal combination for a healthy lifestyle. You may think of exercise as an unpleasant activity best left to those who are physically fit. Perhaps your own experiences with exercise have been uncomfortable and left you unwilling to repeat the effort.

If you don't like your body type and have unrealistic expectations about how you should look or how much you should exercise, it is bound to be unpleasant. Exercise that is designed to fit your body type, comfort level and lifestyle can help you feel good about yourself.

Even small amounts of exercise are beneficial and will help you feel better about yourself. Begin by choosing an activity you think you would enjoy. Then start small -- perhaps a 10-minute walk around the block or stairmaster session. Be gentle with yourself and applaud yourself for what you have accomplished. If exercise has not been a part of your life, check with your doctor before starting a new exercise program.

What's the best exercise for weight loss? What's the best time of the day to exercise? The answers to these questions are simple. The best exercise is the one you'll do, and the best time of the day is the one that's right for you. Aerobic exercises such as brisk walking, bicycling, jogging or stair climbing use large muscle groups and burn more calories, thus benefiting weight loss. Schedule your exercise times just as you

would a business meeting or lunch with a friend. After all, this is a commitment to yourself and your own well-being.

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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793, DSN 294-0793. FAX (202) 653-0086, DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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